

## Little River Band of Ottawa Indians Adult Education Incentive Program Application

Name:	Socia	al Security #		
Address:	Phone #:			
City:		State:	_ Zip:	
Age:	Date of Birth:	Tribal	ID #:	
EMPLOYN	MENT			
Employed: Not Employed: Employer:				
Address:				
Length of E	Employment:			
EDUCATION				
Level of Ed	ucation Attained:			
Did you gra	duate? Y N Die	d you receive a	GED? Y N	
AREA OF	INTEREST			
	ucation Development you complete your p	` /	Preparation: Y N	
	Education: Y N	·		
I certify tha	at the above informat	ion is correct:		
			Signature	date

Tribal members who use the Adult Education Incentive Grant program will not be eligible for any other Education Department Programs until they have completed a GED or high school diploma. If you have completed a high school diploma or GED you are not eligible for funding. This is a one-time only grant.